

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10732966

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	FEES
BASIC FEE	385.00
OR	BASIC FEE 770.00
X\$ 9=	
OR	X\$18=
X43=	
OR	X86=
+145=	
OR	+290=
TOTAL	OR TOTAL 770

3/17/06 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 19 Minus	= 20	<input checked="" type="checkbox"/>
Independent	• 3 Minus	— 3	<input checked="" type="checkbox"/>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
X\$ 9=	<input checked="" type="checkbox"/>
OR	X\$18=
X43=	<input checked="" type="checkbox"/>
OR	X86=
+145=	<input checked="" type="checkbox"/>
OR	+290=
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 20 Minus	= 20	<input checked="" type="checkbox"/>
Independent	• 3 Minus	— 3	<input checked="" type="checkbox"/>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	<input checked="" type="checkbox"/>	OR X\$18=	<input checked="" type="checkbox"/>
X43=	<input checked="" type="checkbox"/>	OR X86=	<input checked="" type="checkbox"/>
+145=	<input checked="" type="checkbox"/>	OR +290=	<input checked="" type="checkbox"/>
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE		

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 20 Minus	= 20	<input checked="" type="checkbox"/>
Independent	• 3 Minus	— 3	<input checked="" type="checkbox"/>	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/>	

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	<input checked="" type="checkbox"/>	OR X\$18=	<input checked="" type="checkbox"/>
X43=	<input checked="" type="checkbox"/>	OR X86=	<input checked="" type="checkbox"/>
+145=	<input checked="" type="checkbox"/>	OR +290=	<input checked="" type="checkbox"/>
TOTAL ADDT. FEE	OR TOTAL ADDT. FEE		

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- * If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.